



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL

BOX 788250

MARINE CORPS AIR GROUND COMBAT CENTER
TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 11240.2C

Code 0305

30 July 1997

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 11240.2C

From: Commanding Officer

Subj: CONTROL, MANAGEMENT, AND USE OF AMBULANCES

Ref: (a) Memorandum of Understanding Between Combat Center
Fire Department, Marine Corps Air Ground Combat
Center, and Naval Hospital
(b) NAVMEDCOMINST 6700.9
(c) Department of Transportation Training Program for
the Operation of Emergency Vehicle (NOTAL)
(d) NAVFAC P-300, Management of Transportation
Equipment (NOTAL)
(e) Committee of Trauma, American College of Surgeons,
Essential Equipment for Ambulances
(f) CCO 6400.1C
(g) California Administrative Code; Title 13: California
Highway patrol; Subchapter 5. Special Vehicles;
Article 1: Ambulances
(h) California Administrative Code; Title 22: Medical
Security; Division 9: Prehospital Emergency Medical
Services

Encl: (1) Transport Unnecessary/Refusal of Transport
(NAVHOSP29PALMS Form 11240/02)

1. Purpose. To provide policies and procedures for regulating, equipping and maintaining ambulances assigned to the Naval Hospital, Twentynine Palms, California.

2. Cancellation. NAVHOSP29PALMSINST 11240.2B.

3. Background

a. Per reference (a), Combat Center Fire Department, Marine Corps Air Ground Combat Center (MCAGCC) provides 24-hour first response ambulance service to the developed areas onboard MCAGCC, and access roads to MCAGCC up to the point where they intersect with city roads and other areas that may be directed by the Commanding General.

b. This Command's mission is to:

(1) Provide backup ambulance services for the Combat Center Fire Department.

(2) Transport stabilized patients from the Naval

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Hospital to other medical treatment facilities at Basic Life Support level only.

(3) Transport stabilized patients from civilian medical facilities to military medical treatment facilities.

(4) Support Command functions.

c. Eligible beneficiaries are:

(1) Active duty and retired members of the Armed Forces and their authorized dependents.

(2) Other persons who are eligible by law or regulation for treatment in military medical facilities.

(3) All persons, regardless of eligibility for medical care, who are injured or become ill within the confines of MCAGCC.

(4) Civilians in the community, in the event of disaster or other civil emergencies.

4. Action

a. Commanding Officer shall:

(1) Be authorized to deploy ambulances within the civilian community in the event of disaster or other civil emergencies.

(2) Appoint in writing the Ambulance Services Coordinator (ASC).

b. Head, Emergency Medicine Department or Attending Physician (after hours) shall:

(1) Ensure all routine transfers are attended by an Emergency Medical Technician, 1A (EMT-1A).

(2) Determine if required care is beyond the scope of the EMT-1A and ensure appropriate level care is utilized for transfer.

(3) Ensure ambulances dispatched for emotionally-disturbed individuals have as many attendants as considered medically advisable.

(4) Be responsible for all ambulance transport decisions made on their duty.

c. Officer of the Day (OOD) shall, upon verification by the Medical Officer, place the civilian ambulance service on stand-by, in anticipation of coverage needs.

(a) Notify the Provost Marshall's Office (PMO) of the civilian ambulance stand-by status.

(b) Civilian ambulance providers remain under the specific control of their authorized base hospital (High Desert Medical Center) when performing their assigned duties aboard MCAGCC.

(c) All eligible beneficiaries transported by stand-by civilian ambulances will be brought to the Naval Hospital for evaluation, stabilization or treatment. The names of civilian humanitarian patients will be referred to the Comptroller for billing purposes.

(d) Ensure Referral for Civilian Care (DD Form 2161) is completed and approved before transport occurs.

d. Emergency Medicine Department Nurse shall notify the OOD of:

(1) Any ambulance request or transport.

(2) Any ambulance accident or unusual event taking place during an ambulance transport.

(3) Forward all requests for on-base ambulance assistance to Combat Center Fire Department using the "911" system.

e. Ambulance Service Coordinator (ASC) shall:

(1) Submit a summary of vehicle mileage to the Command Medical Expense and Performance Reporting System Coordinator (MEPRS) on a monthly basis.

(2) Ensure ambulance operations comply with references (a) through (h).

(3) Ensure daily inspections and supply re-stocking are completed.

(4) Ensure ambulances are fully equipped and interchangeable following the guidance of reference (e).

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(5) Ensure ambulances are used for the movement of sick or injured eligible personnel or other personnel considered for humanitarian treatment.

(a) Vehicles other than ambulances should be used to transport persons between adjacent activities for routine medical and dental examinations or treatment (i.e., X-rays, laboratory work).

(b) Ambulances are not to be used in lieu of administrative vehicles for transporting messengers, mail, baggage, food, or other commercial-type activity.

f. Ambulance Drivers shall:

(1) Possess a valid state operator's license and a valid government operator's license.

(2) Complete the U. S. Department of Transportation Emergency Vehicle Operator's Course (EVOC), per reference (c).

(3) Comply with references (g) and (h) and MCAGCC, county, and state traffic regulations.

(4) Safely operate the vehicle to minimize the risk of further injury to the patient, injury to themselves or other persons, or damage to government and private property.

(5) Clean, maintain and restock the ambulances, reporting discrepancies to the ASC.

(6) Complete a Motor Equipment Utilization Record (DD-1970) reflecting each ambulance run.

(7) Clean ambulances following the Emergency Medicine Department's Infection Control guidelines.

(8) Exceed posted speeds only by five miles per hour during an emergency, and only if reasonable safe surfaces, weather and traffic conditions exist.

(9) Use warning lights and sirens when approved by the Emergency Medicine Department Nurse or other competent authority.

(a) A "NO CODE" is normal vehicle operation.

(b) A "CODE RUN" includes using warning lights, fourway flashers, and the prudent use of the siren as reasonably necessary to warn surrounding traffic.

(c) The use of the red lights and siren does not ensure the right-of-way at an intersection. The driver shall approach intersections and traffic with caution and at a reduced rate of speed.

(11) Cooperate with state or local authorities in an emergency, provided it does not interfere with medical treatment.

(a) Inform the authorities of his orders if stopped or subjected to interference while proceeding to a patient's location or transporting a patient.

(b) Notify by radio any such interference to the Emergency Medicine Department Nurse.

(12) Not drive ambulances off of paved surfaces without the authorization from the Ambulance Service Coordinator, Emergency Medicine Department Nurse or Officer of the Day.

g. Ambulance EMT Attendants shall:

(1) If a patient refuses to be transported, the applicable portion of the Refusal of Transport, (NAVHOSP29PALMS Form 11240/02), enclosure (1), must be completed and the patient's signature obtained. If a patient refuses to sign, proper notation must be made by the ambulance attendant. In all cases, the form should be signed by a witness.

(2) Only transport sick and injured individuals. In such cases as deemed necessary by the Emergency Medicine Department Nurse, one parent may accompany an infant or small child.

(3) Become thoroughly familiar with all equipment and supplies in emergency vehicles.

(4) Perform all duties in a manner consistent with existing protocols and scope of practice standards.

(5) Complete EMT ambulance inspection checklists found in the ambulance Standard Operating Procedures (SOP) at the assumption of duty. Upon completing the inspection:

(a) Correct all discrepancies found.

(b) Report to the ASC all equipment problems and shortages found.

(6) Document the care rendered to all patients.

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(7) Act as the team leader and comply with medical orders, documentation and recertification of the vehicle after each use.

(a) Following verbal approval from the Emergency Medicine Department Nurse, the ambulance may divert to the nearest medical facility if the patient's condition deteriorates or if the patient might suffer irreversible effects by continuing the transport. If the ambulance is out of radio transmission range, the EMT may make the decision to divert to the nearest civilian or military medical facility.

(b) Notify The Emergency Medicine Department upon arrival at the new destination.

(8) Document any equipment left at another facility. Notify the ASC or Emergency Medicine Department Nurse immediately upon return.

h. Head Facilities Management Department shall:

(1) Complete an Annual Allowance and Requirements Review.

(2) Prioritize and follow-up requests for ambulance maintenance.

5. Applicability. This instruction is applicable for all personnel aboard Naval Hospital, Twentynine Palms, CA.

6. Forms. Refusal of Transport (NAVHOSP29PALMS Form 11240/02), Motor Equipment Utilization Record (DD-1970) Accident Report Form (SF-91) and Referral for Civilian Care (DD Form 2161) are available through Central Files.



R. S. KAYLER

Distribution:
List A

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REFUSAL OF TRANSPORT

[] REFUSAL OF TRANSPORT

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DATE: _____ AMBULANCE ATTENDANT: _____
TIME: _____ AMBULANCE DRIVER: _____
LOCATION: _____

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PATIENT IDENTIFICATION

NAME: _____ SPONSOR'S SSN: _____

ADDRESS: _____

DUTY STATION: SPONSOR/PATIENT: _____

HOME PHONE: _____ DUTY PHONE: _____

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I, the undersigned, having been informed of the need of my
being seen as soon as possible by a physician, do hereby refuse
transportation by military ambulance to a medical treatment
facility.

PATIENT'S SIGNATURE: _____

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WITNESS SIGNATURE: _____